

long and rigid, will give the best results. Abdominal section has frequently been performed. At the Harlem Hospital 34 cases of eclampsia are reported with twelve deaths, a mortality of 35 per cent. In 14 cases treated by vaginal hysterotomy the maternal mortality was 28.5 per cent. The writer endeavored to obtain records by corresponding with those who had performed abdominal Cesarean section for eclampsia and he secured reports of 174 published and unpublished cases. The maternal mortality was 16.1 per cent., and a number of cases died of conditions which could not be properly ascribed to toxemia. The fetal mortality was 18.8 per cent. The conclusions which the writer reaches are that conservative treatment in the majority of cases in eclampsia gives good results, but where labor fails to develop and there is unusual resistance in the birth canal, that delivery by vaginal or abdominal section at the earliest possible moment is indicated.

SPALDING (*Am. Journal of Obstetrics*) has seen good results in private practice in preventing eclampsia by careful hygiene. When this threatens to be unsuccessful, induction of labor has given satisfactory results. In 20 cases treated for eclampsia at his clinic or seen in consultation, 8 were at home amidst poor surroundings and with meagre assistance, with a maternal mortality of 50 per cent. and a fetal mortality of 37.5 per cent.; of 12 patients treated in hospital, the mortality rate was 25 per cent.

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**Postpartum Eclampsia with Death and Autopsy.**—KEILTY and TAYLOR (*Am. Journal of Obstetrics*) report the case of a well-developed young woman who was delivered of twins and afterward had violent eclamptic convulsions dying sixty-five hours after delivery.

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**Separation of the Pubic Symphysis and Forceps Delivery.**—ALLEN (*Am. Journal of Obstetrics*) reports the case of a primipara, aged twenty-four years, who had been delivered by forceps of a living child thirty-six hours before she was seen by the writer. The soft parts were greatly lacerated and there was loss of control of the bladder. There was a separation of the pubic joint of over three inches. This was easily reduced but it was difficult to maintain the bones in good position, so the application of a Lane plate was carried out. The patient did not have good nursing and this operation was a failure, the separation remaining what it had been before, and a small fistulous opening extending to the loose end of the plate. The patient was transferred to hospital where two one-half-inch incisions were made over the iliac crests at the upper anterior iliac spines, and two ordinary wire nails were driven into the iliac crests and left protruding above the skin about one-half inch. Sterile iron wire was wound tightly around the nails from one side to the other across the abdomen, and a tightly fitting plaster cast was put about the pelvic bones. While this was setting, the patient was held up in a sling and afterward put in a trough-shaped bed. In eight weeks her recovery was complete and two years after operation she remains in good health.

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**A Case of Cerebral Tumor Complicating Pregnancy.**—MACFARLANE (*Am. Journal of Obstetrics*) reports the case of a pregnant woman who had been trephined for cerebral tumor. She became imbecile and

had convulsions for several days preceding labor. The birth of the child occurred in one of these convulsions, the child was living and the placenta expelled in twenty minutes. The patient died two days after delivery and no autopsy could be obtained. The obstetric interest of the case lay in the fact that labor was comparatively short and easy in view of the cerebral condition.

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**Eclampsia without Convulsions.**—CHATILLON (*Correspondenz-Blatt f. Schweizer Aerzte*) reports the case of a primipara, aged forty years, who was apparently healthy during pregnancy and had a spontaneous delivery. Almost immediately after the placenta had been expelled the patient had rapid and weak pulse, grew pallid with cold extremities, and within an hour and a half died. There was no unconsciousness and no convulsions, but autopsy showed hemorrhage into the gall-bladder with extensive bleeding in the liver and minute hemorrhages in many other portions of the body. The right ureter was dilated and so was the pelvis of the right kidney; the child was in a condition of pallid asphyxia at birth and could not be revived. These cases are comparatively rare and are described by some as eclampsia without convulsions, and by others as acute fulminant toxemia. They are invariably fatal and no form of treatment at present known has the slightest effect upon them.

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**The Management of the Third Stage of Labor.**—GIBSON (*Surgery, Gynecology and Obstetrics*) criticises the usage, which is common, of holding and massaging the uterus immediately after the delivery of the placenta. He calls attention to a physiological period of uterine inertia which immediately follows the complete emptying of the uterus, and lasts from five to fifteen minutes. He believes that the use of the Credé method before the placenta has completely separated is a very serious blunder and should be strongly discouraged. In studying the third stage of labor he finds that the placenta separates rapidly when massage is not practised, that bleeding is less, and that the fetal surface of the placenta presents much more frequently in these cases than when massage is practised. He draws attention to the fact that during separation the uterine sinuses are closing by thrombosis at the placental site and that massage must disturb essentially this important process. He follows Tarnier's advice that after labor one should watch constantly, but interfere as little as possible.

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**The Action of Pituitrin on the Human Uterus.**—CHARTERIS (*Glasgow Medical Journal*) tested the uterus of pituitary solution to observe the action of the drug on the tissues. On investigating the non-pregnant tissue material obtained after early abortion, and the uterus removed by Cesarean section at full term, there seemed to be no difference between the action of the pituitrin on the pregnant and non-pregnant uterus. Both contracted, and a rapid response followed the use of the substance. Uterine contractions are more numerous; the individual contraction occupies less time and is followed by a more prompt relaxation, but the general tone of the uterus was markedly increased. The action of pituitrin is very prompt. Within a minute a stimulation which lasted from fifteen to thirty minutes was secured.